

ISF061

C 6/02



INTEGRATED STATEWIDE INFORMATION SYSTEMS HUMAN RESOURCES AGENCY CONTACT SETUP/CHANGE FORM

DEPT NO: _____
(Select appropriate department from drop-down list)

AGY / PERSONNEL AREA: _____

AGY / ORGANIZATION / DEPT NAME: _____
(Agency, Organization or Department Name Where Contact is Employed)

CONTACT INFORMATION:

Name: _____

Title: _____

Mailing Address: _____

Messenger Mail: ☐ Yes ☐ No E-mail Address: _____
(Click appropriate box)
Baton Rouge area Agencies Only

Telephone Number: _____ FAX: _____

HR Role: ☐ HR Director ☐ EA Manager ☐ Time Super User
(Select only one)

AGENCY(S) / PERSONNEL AREA(S) RESPONSIBLE FOR: *(List each agency / personnel area for HR role selected above)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Appointing Authority Signature: _____ Date: _____

For information concerning submission of completed forms: <http://www.doa.state.la.us/OSIS/Forms/submission.htm>